

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard – Frankfort KY 40601
(502) 564-5981

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

DRAFT

UST Automatic Line Leak Detector Operational Test

Date Form Completed	/ /				
1. UST Facility Information					
Agency Interest Number (AI)					
UST Facility Name					
UST Facility Physical Address	Street Address:				
	City:	County:	Zip Code: -		
UST Facility Physical Phone	Phone: () -		Alternate Phone: () -		
2. UST System Owner Information					
UST System Owner Name					
UST System Owner Contact Information	Phone: () -		Alternate Phone: () -		
	Email:				
3. Tester Information					
Name of Person Performing Test					
Certification / License #					
Certification Type (mark all that apply)	<input type="checkbox"/> Test Equipment Manufacturer <input type="checkbox"/> Recognized Practice <input type="checkbox"/> Other (specify): _____				
Contact Information	Phone: () -		Email:		
Company Name					
Company Mailing Address	Street Address:				
	City:	State:	Zip Code: -		
4. UST System Information & Testing Requirements (Attach additional pages as necessary)					
Pipe Type	<input type="checkbox"/> Fiberglass Reinforced Plastic		<input type="checkbox"/> Steel		
	<input type="checkbox"/> Thermoplastic		<input type="checkbox"/> Other (specify): _____		
Pipe Dimensions	Diameter (in):		Length (ft):		
Reason for Test (mark all that apply)	<input type="checkbox"/> Required Periodic Test		<input type="checkbox"/> Repair		
	<input type="checkbox"/> Suspected Release		<input type="checkbox"/> DEP Directed (specify): _____		
	<input type="checkbox"/> New Installation		<input type="checkbox"/> Other (specify): _____		
Description	Line #:	Line #:	Line #:		
Manufacturer					
Model Number					
Serial Number					
STP Cycles On/Off	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Manifold or Siphon?	<input type="checkbox"/> Manifold <input type="checkbox"/> Siphon	<input type="checkbox"/> Manifold <input type="checkbox"/> Siphon	<input type="checkbox"/> Manifold <input type="checkbox"/> Siphon		

AI _____

5. Mechanical Test Data (Attach additional pages as necessary)			
Line Number			
Test Date	/ /	/ /	/ /
Next Test Due Date	/ /	/ /	/ /
Full Pump Pressure (psi)			
Holding Pressure (psi)			
Resiliency (ml)			
Metering Pressure (psi)			
Opening Time (seconds)			
Leak Test Pressure (psi)			
Leak Test Volume (ml)			
Test Leak Rate (gph)			
6. Electronic Test Data (Attach additional pages as necessary)			
Set-up Parameters Correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Simulated Leak Alarm Type	<input type="checkbox"/> Audible <input type="checkbox"/> Visible	<input type="checkbox"/> Audible <input type="checkbox"/> Visible	<input type="checkbox"/> Audible <input type="checkbox"/> Visible
Simulated Leak Causes Pump Shutdown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of test cycles before alarm or pump shutdown?			
7. Test Results			
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
New ALLD Installed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments			
8. Certification			
<input type="checkbox"/> Check here if the person completing the form is the same as the tester named in the Tester Certification below.			
Name of Person Completing Form		Date Completed	/ /
Email		Phone Number	() -
I certify that all the information provided on this document is true, accurate, and complete.			
Tester Certification	Printed		Date / /
	Signature		
	License #		License Expiration Date / /
If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at http://waste.ky.gov/ust . For copies of facility records please visit http://eec.ky.gov/pages/openrecords.aspx or email DEP.KORA@ky.gov .			